CLAIMS ONLY

Application Number	Filing Date
10/869928	

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2						
3		2				
4		/				
5		/				
6		/				
7		/				
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45						
46						
47						
48						
49						
50						
Total Indep	2					
Total Depend	6					
Total Claims	8					

May be used for additional claims or amendments

CLAIMS	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend						
Total Claims						